Effective on 12/08/2004.					Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					nation Number	10/540,0			
FEE TRANSMITTAL					Application Number 10/540,0 Filing Date 12/28/20			4,000	
For FY 2009					Named Inventor			anthanna	
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 130.00					Examiner Name		Bausch	ширри	
					Art Unit				
							1634 4544 - 051936		
METHOD OF PAY	YMENT (check	all that apply	<i>ı</i>)						
Check 🗸	Credit Card	Money C	order	None 🗌	Other (please ide	entify):			
Deposit Accor	unt Deposit Ac	count Number:	23-	0650	Deposit Account	Name:			
				or is hereby	authorized to: (cl	neck all that a	npply)	Minimum and a second a second and a second a	
Ch	arge fee(s) indic	ated below			Charge fee	(s) indicated	below, except for	the filing fee	
	arge any addition der 37 CFR 1.16		nderpayments	of fee(s)	Credit any	overpayment	S		
WARNING: Informatio			Credit card in	formation shou					
information and authori	zation on PTO-203	8.				***************************************			
FEE CALCULATION	ON (All the fee	s below are d	lue upon fili	ng or may b	e subject to a su	rcharge.)			
1. BASIC FILING		ND EXAMIN G FEES		ES CH FEES	EXAMINA'	TION PEEC			
		Small Entity		mall Entity		mall Entity			
Application Ty	_	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fe</u>	es Paid (\$)	
Utility	330	82	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325		MATERIAL CONTROL OF A CONTROL O	
Provisional	220	110	0	0	0	0	**************************************	-	
2. EXCESS CLAIR	M FEES						MATA AND AND AND AND AND AND AND AND AND AN	Small Entity	
Fee Description							Fee (\$		
Each claim over 20 (including Reissues)								26	
Each independent cl	•	luding Reissu	es)				220	110	
Multiple dependent		TI (CI		(0)	70 Yo 11 (40)		390	195	
Total Claims	<u>- 20 or HP</u>	Extra Cla	ums Fo	<u>ee (\$)</u>	Fee Paid (\$)			E Dependent Claims Fee Paid (\$)	
HP = highest number	of total claims pa		than 20.				Fee (S	b) ree raid (5)	
Indep. Claims	- 3 or HP	Extra Cla		<u>ee (\$)</u>	Fee Paid (\$)		***************************************		
37 CFR 1.5 See 35 U.S. Total Sheets	SIZE FEE tion and drawin	gs exceed 100 cation size fee and 37 CFR 1 heets) sheets of pa due is \$270 1.16(s). <u>Number o</u>	per (excludi (\$135 for sn of each addi		ch additional			
4. OTHER FEE(S)							***************************************	Fees Paid (\$)	
Non-English S	•	•	no small enti						
Other (e.g., la	te filing surchar	rge): One Mo	nth Petition f	or Extension	of Time fee			\$130.00	
SUBMITTED BY			4						
g: ,	1	14.	(gistration No.	60700	Telephone	410 471 0015	
Signature	mer	NA/	m	(A	ttorney/Agent)	60792	reteptione	412-471-8815	